

FILE NOW: FILING FEE IS \$61.25

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90018 049 \*\*\*\*61.25

0086146

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 724497**

1. Corporation Name  
**THE CARPENTER'S HOME CHURCH, INC.**

Principal Place of Business 777 CARPENTER'S WAY LAKELAND FL 33804-2020 US	Mailing Address P.O. BOX 995020 LAKELAND FL 33809-3921 US
--	--

475686 - 90018 - 49



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/06/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1140771
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SIMMONS, SHANE A. 777 CARPENTER'S WAY LAKELAND FL 33809		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TT <input type="checkbox"/> DELETE	1.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, SHANE A.	1.2 NAME	Bailey, Michael
STREET ADDRESS	1328 EDGEWATER BEACH DR	1.3 STREET ADDRESS	920 Stratford Manor Drive
CITY-ST-ZIP	LAKELAND FL 33805	1.4 CITY-ST-ZIP	Brandon, FL. 33510
TITLE	PCP <input type="checkbox"/> DELETE	2.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRADER, KARL	2.2 NAME	Inglis, Dave
STREET ADDRESS	777 CARPENTER'S WAY	2.3 STREET ADDRESS	707 Carpenter's Way #37
CITY-ST-ZIP	LAKELAND FL 33809	2.4 CITY-ST-ZIP	Lakeland, FL. 33809
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, JODY	3.2 NAME	Willis, Jody
STREET ADDRESS	1612 WILLIAMS RD	3.3 STREET ADDRESS	1612 Williams Rd
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	Plant City FL
TITLE	SVPT <input type="checkbox"/> DELETE	4.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRELL, JAMES E.	4.2 NAME	Thompson, Jim
STREET ADDRESS	738 BUENA VISTA DR	4.3 STREET ADDRESS	3015 Santa Fe Trail
CITY-ST-ZIP	LAKELAND FL 33805	4.4 CITY-ST-ZIP	Polk City FL 33868
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JOHN	5.2 NAME	Miller, John
STREET ADDRESS	3508 SYDNEY ROAD	5.3 STREET ADDRESS	3508 Sydney Road
CITY-ST-ZIP	PLANT CITY FL 33567	5.4 CITY-ST-ZIP	Plant City FL 33567
TITLE	CD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRADER, KARL	6.2 NAME	Johnson, Mallory
STREET ADDRESS	1328 EDGEWATER BEACH	6.3 STREET ADDRESS	707 Carpenter's Way #43
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	Lakeland FL 33809

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SIGNATURE REQUIRED* *TREASURER* *4/16/99*

Date

Daytime Phone #

CR2E037 (1/1/98)

475686-90018-49  
724497

DOCUMENT #724497  
THE CARPENTER'S HOME CHURCH, INC.  
777 Carpenter's Way  
P.O. Box 995020  
Lakeland, FL. 33809-3921  
US

"A" Attachment to form

13. 7.1 Title: Tr  
7.2 Name: Vespa, Dave, Jr.  
7.3 Street Address: 1444 Wyngate Drive  
7.4 City-St-Zip: Lakeland FL 33809

---